## **2005**

## **WISCONSIN ESTIMATED TAX VOUCHER**

ORM 1-ES

Make your check payable to and mail your voucher to:
Wisconsin Department of Revenue
Post Office Box 2942
Milwaukee WI 53201-2942

Calendar year due	dates:	Fiscal year filers:		
Apr 15, 2005 Jun 15, 2005	Sep 15, 2005 Jan 17, 2006	Enter year ending		
		(month and year)		

1-E3	Post Office Box 2942 Milwaukee, WI 53201-2942			,		(month and year)	
Your last name	Your first name and initial	Your soci	Your social security number		Check the boxes below which apply to you		
			1 1		•	"your social security number")	
Spouse's last name	Spouse's first name and initial	Spouse's	social security numbe		•	nt's social security number)	
			<u>i i </u>		vidual (or Joint)		
Home address (number and street or rural route)	,	Telephon	e number	EXTE	ension Payment		
City or post office		State	Zip code		NT OF PAYME lo not staple your	NT \$payment to this voucher	
	IN ESTIMATED TAX ur check payable to and mail your vou. Wisconsin Department of Revenue Post Office Box 2942 Milwaukee, WI 53201-2942			Calendar year of Apr 15, 2005 Jun 15, 2005	due dates: Sep 15, 2005 Jan 17, 2006	Fiscal year filers: Enter year ending (month and year)	
Your last name	Your first name and initial	Your soci	al security number		e boxes below wh	nich apply to you  "your social security number")	
Spouse's last name Spouse's first name and initial  Home address (number and street or rural route)		Spouse's	Spouse's social security number		Estate (Enter decedent's social security number)     Individual (or Joint)     Extension Payment		
		Telephon					
City or post office			Zip code		NT OF PAYME lo not staple your	NT \$ payment to this voucher D-101	
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2005 WISCONSIN ESTIMATED TAX Make your check payable to and mail your vou					due dates: Sep 15, 2005	Fiscal year filers: Enter year	
FORM 1-ES	Wisconsin Department of Revenue Post Office Box 2942 Milwaukee, WI 53201-2942			Jun 15, 2005	Jan 17, 2006	ending (month and year)	
Your last name	Your first name and initial	Your soci	ial security number		e boxes below wh st (Enter FEIN as '	nich apply to you  "your social security number")	
Spouse's last name	Spouse's first name and initial	Spouse's	social security numbe	Indiv	vidual (or Joint)	nt's social security number)	
Home address (number and street or rural route)		Telephon	Telephone number		Extension Payment		
City or post office		State	Zin code		NT OF PAYME	NT \$	

Please do not staple your payment to this voucher

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Your last name	Your first name and initial	Your socia	security number	Check the boxes below which apply to you
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Spouse's last name	Spouse's first name and initial	Spouse's s	ocial security number	Estate (Enter decedent's social security number)
			I I	Individual (or Joint)
Home address (number and street or rural route)		Telephone number		Extension Payment
City or post office		State	Zip code	AMOUNT OF PAYMENT \$
				Please do not staple your payment to this voucher
				D-10